

08-01-01

A

Atty. Dkt. No. 077056-0348

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Zazu Ciuca

Title: ONE-WAY TENSIONING
MECHANISM FOR CORDLESS
BLIND

Appl. No.: Unknown

Filing Date: July 31, 2001

Examiner: Unknown

Art Unit: Unknown

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to the Commissioner for Patents, Washington, D.C. 20231.	
EL714060391US	7/31/01
(Express Mail Label Number)	(Date of Deposit)
Deborah Kocorowski	
(Printed Name)	
<i>Deborah Kocorowski</i>	
(Signature)	

UTILITY PATENT APPLICATION
TRANSMITTALCommissioner for Patents
Box PATENT APPLICATION
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Zazu Ciuca
3938 Elizabeth Glen Way
Jamestown, NC 27282

Enclosed are:

- ☒ Specification, Claim(s), and Abstract (24 pages).
- ☒ Informal drawings (4 sheets, Figures 1-9).
- ☒ Declaration and Power of Attorney (3 pages).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$710.00	\$710.00
Total Claims:	30	- 20	= 10	x \$18.00	= \$180.00
Independents:	6	- 3	= 3	x \$80.00	= \$240.00
If any Multiple Dependent Claim(s) present:			+	\$270.00	= \$0.00
				SUBTOTAL:	= \$1130.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):					= \$0.00
				TOTAL FILING FEE:	= \$1,130.00

- [X] A check in the amount of \$1,130.00 to cover the filing fee is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

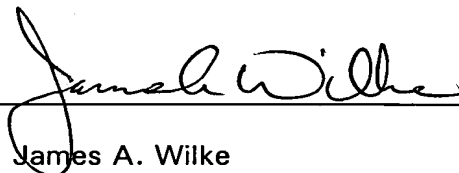
Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

7/31/01

By



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